ACORD, CERTIFICATE OF LIABILITY	TY INSURANCE OP ID SR	02/22/06
PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF ONLY AND CONFERS NO RIGHTS UPON THE CE	
UCW Insurance Agency, Inc. 1050 E. Ray Road, Suite A5-310	HOLDER. THIS CERTIFICATE DOES NOT AMEND ALTER THE COVERAGE AFFORDED BY THE PO), EXTEND OR LICIES BELOW
Chandler AZ 85225 Phone: 866-829-4368 Fax: 866-829-4369	INSURERS AFFORDING COVERAGE	NAIC#
INSURED	INSURER A: Zurich American Insurance Co	. 16535
	INSURER B: Steadfast Insurance Company	26387
Southwest Hazard Control, Inc.	INSURER C:	,
Southwest Hazard Control, Inc. 2500 N. Coyote Drive, #101 Tucson AZ 85745	INSURER D:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

	ADD'L INSRI		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	S
A	х	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER:	GLO3820934-04	07/31/05	07/31/06	EACH OCCURRENCE DAMACE TO RENTED PREMISES (Ea occurence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$1,000,000 \$50,000 \$5,000 \$1,000,000 \$2,000,000
A	x	X POLICY JECT LOC AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X MCS-90	BAP3820936-04	07/31/05	07/31/06	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ \$
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: AGG	
В		EXCESS/UMBRELLA LIABILITY X OCCUR CLAIMS MADE DEDUCTIBLE X RETENTION \$ 10,000	SE03820937-04	07/31/05	07/31/06	EACH OCCURRENCE AGGREGATE	\$ 5,000,000 \$ 5,000,000 \$ \$
A	ANY OFFI If yes SPE	KKERS COMPENSATION AND PLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE (CER/MEMBER EXCLUDED? 5, describe under CIAL PROVISIONS below	WC3820054-04	07/31/05	07/31/06	WC STATU- OTH- TORY LIMITS ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ 1,000,000 \$ 1,000,000 \$ 1,000,000
В		ER llution (CPL) ofessional (PL)	PEC3820932-04	07/31/05	07/31/06	Each Loss Aggregate	1,000,000 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

* 10 Day Notice of Cancellation for Non-Payment of Premium. Re: The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents and employees shall be named as additional insureds with respect to the Commercial General Liability, Contractors Pollution Liability & Auto Liability with respect to liability arising out

CERTIFICATE HOLDER

STATEOF

State of Arizona The Arizona Dept. of Health Services 1740 W. Adams, Rm. 303 Phoenix, AZ 85007 EHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENGRAVEMENTAL 30* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FALCOMENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Melanie Clegg

CANCELLATION

NOTEPAD: HOLDER CODE STATEOF 1-SOUTH PAGE 3
INSURED'S NAME Southwest Hazard Control, Inc. OPID SR DATE 02/22/06

of the activities performed by or on behalf of the Contractor, including automobiles owned, leased, hired or borrowed by the Contractor per the attached endorsements. The insurance provided by this endorsement is primary insurance and we will not seek contribution from any other insurance available to any additional insured person or organization unless the other insurance is provided by a contractor other than you for the same operations and job location. Then we will share with that other insurance by the method described in paragraph 4.c. of Section IV - Commercial General Liability Conditions. A Waiver of Subrogation is added in favor of the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Contractor with respect to the Commercial General Liability, Contractors Pollution Liability and Worker's Compensation per the attached Endorsements.

Additional Insured - Automatic - Owners, Lessees Or Contractors - Broad Form

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer	Add'l Prem	Return Prem.
GLO3820934-04	07/31/05	07/31/06	07/31/05	UCPM	\$ N/A	\$ N/A

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

Commercial General Liability Coverage Part

- A. WHO IS AN INSURED (Section II) is amended to include as an insured any person or organization whom you are required to add as an additional insured on this policy under a written contract or written agreement.
- B. The insurance provided to additional insureds applies only to "bodily injury", "property damage" or "personal and advertising injury" covered under Section I, Coverage A, BODILY INJURY AND PROPERTY DAMAGE LIABILITY and Coverage B, PERSONAL AND ADVERTISING INJURY LIABILITY, but only if:
 - 1. The "bodily injury" or "property damage" results from your negligence; and
 - 2. The "bodily injury", "property damage" or "personal and advertising injury" results directly from:
 - a. Your ongoing operations; or
 - b. "Your work" completed as included in the "products-completed operations hazard",

performed for the additional insured, which is the subject of the written contract or written agreement.

- C. However, regardless of the provisions of paragraphs A. and B. above:
 - 1. We will not extend any insurance coverage to any additional insured person or organization:
 - a. That is not provided to you in this policy; or
 - b. That is any broader coverage than you are required to provide to the additional insured person or organization in the written contract or written agreement; and
 - 2. We will not provide Limits of Insurance to any additional insured person or organization that exceed the lower of:
 - a. The Limits of Insurance provided to you in this policy; or
 - The Limits of Insurance you are required to provide in the written contract or written agreement.
- D. The insurance provided to the additional insured person or organization does not apply to:
 - "Bodily injury", "property damage" or "personal and advertising injury" that results solely from negligence of the additional insured; or

- 2. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering or failure to render any professional architectural, engineering or surveying services including:
 - a. The preparing, approving, or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and
 - b. Supervisory, inspection, architectural or engineering activities.
- E. The additional insured must see to it that:
 - 1. We are notified as soon as practicable of an "occurrence" or offense that may result in a claim:
 - We receive written notice of a claim or "suit" as soon as practicable; and
 - 3. A request for defense and indemnity of the claim or "suit" will promptly be brought against any policy issued by another insurer under which the additional insured also has rights as an insured or additional insured.
- F. The insurance provided by this endorsement is primary insurance and we will not seek contribution from any other insurance available to any additional insured person or organization unless the other insurance is provided by a contractor other than you for the same operations and job location. Then we will share with that other insurance by the method described in paragraph 4.c. of SECTION IV COMMERCIAL GENERAL LIABILITY CONDITIONS.

Any provisions in this Coverage Part not changed by the terms and conditions of this endorsement continue to apply as written.

Additional Insured





Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer	Add'l Prem.	Return Prem.
PEC 38 20 932-04	07/31/05	07/31/06	07/31/05	52-034	Nonc	None

Named Insured and Mailing Address:

Producer:

Southwest Hazard Control, Inc.	United Commercial Insurance Agency
2500 North Coyote Drive, #101	2222 Dobson Road, Suite #700
Tucson, AZ 85745	Mesa, AZ 85202

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

Professional Environmental Consultant's Liability Insurance Policy

Schedule

As required by those entities with whom the named insured executes a written contract.

In consideration of the payment of premium and the Deductible by you and in reliance upon the statements in the Application made a part hereof, we agree with you, subject to all the terms, exclusions and conditions of the policy and the terms and conditions of this endorsement, that with respect to COVERAGE B: CONTRACTOR'S POLLUTION LIABILITY only, the following changes shall apply:

- I. Definitions (Section VIII.) paragraph M., definition of "insured," shall be amended to include any person or organization shown in the Schedule above but only for coverage for "claims" arising out of a "pollution event" resulting from your performance of "covered operations" or "completed operations" of the "covered operations" and only if the "claim" is otherwise covered under the terms and conditions of this policy.
- II. The following exclusion is added to EXCLUSIONS (Section III.):

The negligence, act, error or omission, or strict liability of the persons or organizations shown in the Schedule above.

III. You and the persons or organizations shown in the Schedule above agree to cooperate with each other and us with respect to all aspects of coverage provided under this policy. In the event that you and the persons or organizations shown in the Schedule are named as defendants in a "claim," and are both entitled to defense under this policy for such "claim," we shall provide common counsel to represent you and such persons or organizations in a joint defense. If you and such persons or organizations adopt positions materially adverse to each other with respect to the "claim" we shall provide defense only to you from the point of adversity forward.

The rights and obligations above shall apply in any proceeding and in any forum in which you and the persons or organizations shown in the Schedule are a party to a "claim."

ALL OTHER TERMS AND CONDITIONS OF THE POLICY SHALL APPLY AND REMAIN UNCHANGED.

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STF-PECO-120-A CW(03/04) Page 1 of 1

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ENDORSEMENT	E	ND	O	₹S	E	И	Е	N	1
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Insurance for this coverage part provided by:

Policy Number:

BAP 3820936-04

Renewal of Number: BAP 3820936-03

ZURICH AMERICAN INSURANCE COMPANY

ADDITIONAL INSURED ENDORSEMENT

"Who is An Insured" (Section 11.A.1) is changed to include the following as an Additional Insured but only with respect to Liability arising out of "Your" operation while using "Autos" insured by our policy:

As required by those entities with whom the named insured executes a written contract.

The inclusion of more than one insured shall not increase the limits or coverage provided by this insurance.

As respects these Additional Insureds, this insurance does not apply to "Bodily Injury" or "Property Damage" arising out of any contract containing or requiring the following:

1. That "We" modify this coverage form to extend any additional coverages to the Additional Insured.

All other terms and conditions remain the same.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY **AGAINST OTHERS TO US**

This endorsement modifies insurance provided under the following: COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

AS REQUIRED BY THOSE ENTITIES WITH WHOM THE NAMED INSURED EXECUTES A WRITTEN CONTRACT.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition (Section IV - COMMERCIAL GENERAL LIABILITY CONDITIONS) is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This walver applies only to the person or organization shown in the Schedule above.



Waiver of Transfer Rights of Recovery Against Others

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer	Add'l Prem.	Return Prem.
PEC 38 20 932-04	07/31/05	07/31/06	07/31/05	52-034	None	None

Named Insured and Mailing Address:

Producer:

Southwest Hazard Control, Inc.	United Commercial Insurance Agency
2500 North Coyote Drive, #101	2222 Dobson Road, Suite #700
Tucson, AZ 85745	Mesa, AZ 85202

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

Professional Environmental Consultant's Liability Insurance Policy

In consideration of the payment of premium and the Deductible by you and in reliance upon the statements in the Application made a part hereof, we agree with you, subject to all the terms, exclusions and conditions of the policy that CONDITIONS, Condition O., Subrogation is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule below because of payments we make under this policy.

Schedule As required by those entities with whom the named insured executes a written contract.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY SHALL APPLY AND REMAIN UNCHANGED.

STF-PECO-159-A CW(03/04) Page 1 of 1

(Ed. 4-84)

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

AS REQUIRED BY THOSE ENTITIES WITH WHOM THE NAMED INSURED EXECUTES A WRITTEN CONTRACT.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective

Polloy No.

Endorsement No.

Insured

Premium \$

Insurance Company

WC 00 03 13

(Ed. 4-84)

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.